Please print or type with ELITE type (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS

Oil & Solvent Process Company

95814

714-744 P Street

Sacramento, CA

83667290

DATE RECEIVED & ACCEPTED

DAY

MO

MANIFEST DOCUMENT NUMBER

STATE ID NUMBER

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO. DHS-8022A 3-84

) BE FILLED IN TRANSPORTER 일

BE BY

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Facility owner or operator

discrepancy indication

See instructions

EPA ID NUMBER 1704 West First Street Azusa, Ca 91702 Tel 818 334-5117 C | A | D0 | 0 | 83 | 0 | 2 | AREA CODE'PHONE NUMBER TRANSPORTER NO. 1 NAME AND MAILING ADDRESS VEH /CONTAINER NO **EPA ID NUMBER** Oil & Solvent Process company 1704 West First Street 91702 Azusa Ca TRANSPORTER NO. 2 ALTERNATE TSD FACILITY VEH CONTAINER NO AREA CODE/PHONE NUMBER TREATMENT, STORAGE, OR DISPOSAL ITSD: FACILITY EPA ID NUMBER Omega Chemical Company 12504 E. Whittier Blvd FILLED IN BY GENERATOR 720 Whitttier, AREA CODE PHONE NUMBER Tel 698-0991 $C_1A_1D_1O_1$ UN NA TOTAL UNIT CONTAINER WASTE PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT VOI NO TYPE CAT) NO METH N | A| 9|1 |89 Hazardous Waste Liquid N.O.S. ORM-E CONC RANGE UNITS COMPONENTS UPPER **LCWER** Ç PPM 96 92 X Trichlorotriflouorethane 3 1 X Methanol / Ethanol 2 4 X Oil / Water / Dirt SPECIAL HANDLING INSTRUCTIONS Gloves & Goglges This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA DAY MO Printed or typed full name and a Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ASOVE WASTES DATE MO DAY YR REC'D & 14 ACCEPTED TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF DATE DAY REC'D Printed or typed full name and signature **ACCEPTED** DISCREPANCY INDICATION SPACE

Certification of receipt of hazardous waste covered by this manifest except as noted in the

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

EPA ID NUMBER

above Note TSDF must complete waste number.

and signature